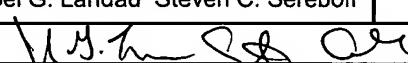


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## REISSUE PATENT APPLICATION TRANSMITTAL

PTO  
10/706483  
111203

Address to:  Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	S002-P02005US	
	First Named Inventor	Fencl	
	Original Patent Number	6,372,186	
	Original Patent Issue Date (Month/Day/Year)	04/16/2002	
	Express Mail Label No.	ER 187991397 US	
APPLICATION FOR REISSUE OF: (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)  4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)  5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)  6. <input checked="" type="checkbox"/> Power of Attorney  7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</li> <li><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</li> </ul> 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table  9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</li> <li>ii <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).  11. <input type="checkbox"/> Original U.S. Patent for surrender  <input type="checkbox"/> Ribboned Original Patent Grant  <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)  12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)  13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)  15. <input checked="" type="checkbox"/> Preliminary Amendment  16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  17. Other: Credit Card Form  37 CFR 1.47 Petition	
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		33356 <small>(Insert Customer No. or Attach bar code label here)</small>	
Name			
Address			
City		State	Zip Code
Country		Telephone	

NAME (Print/Type)	Joel G. Landau Steven C. Sereboff	Registration No. (Attorney/Agent)	54,732 37,035
Signature			Date 11-12-03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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PTO

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,146.00)

## Complte if Known

Application Number

Filing Date

First Named Inventor Fencl

Examiner Name

Art Unit

Attorney Docket No. S002-P02005US

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number 501524  
Deposit Account Name SoCal IP Law Group

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	385
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$ 385)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	71	-20** = 51	x 9 = 459
Independent Claims	7	- 3** = 4	x 43 = 172
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 631)

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 420	2252 210	Extension for reply within second month			
1253 950	2253 475	Extension for reply within third month			
1254 1,480	2254 740	Extension for reply within fourth month			
1255 2,010	2255 1,005	Extension for reply within fifth month			
1401 330	2401 165	Notice of Appeal			
1402 330	2402 165	Filing a brief in support of an appeal			
1403 290	2403 145	Request for oral hearing			
1451 1,510	1451 1,510	Petition to institute a public use proceeding			
1452 110	2452 55	Petition to revive - unavoidable			
1453 1,330	2453 665	Petition to revive - unintentional			
1501 1,330	2501 665	Utility issue fee (or reissue)			
1502 480	2502 240	Design issue fee			
1503 640	2503 320	Plant issue fee			
1460 130	1460 130	Petitions to the Commissioner	130		
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))			
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))			
1801 770	2801 385	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			

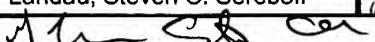
Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130)

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Joel G. Landau, Steven C. Sereboff	Registration No. (Attorney/Agent)	54,732 37,035	Telephone	805-230-1350
Signature					
Date	11-12-03				

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REISSUE PATENT APPLICATION  
STATEMENT AS TO LOSS OF ORIGINAL PATENT**Docket Number (Optional)  
S002-P02005US

I hereby state that:

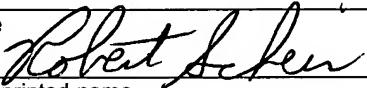
I am the applicant for a reissue patent based on the original patent identified below.

Name of Inventor(s)/Assignee(s) **Robert Sheir, PhD.**Patent Number **6,372,186**Title of Invention **GERMICIDAL LAMP FOR HARSH ENVIRONMENTS**

Reissue application number (if known)

The ribboned original patent grant is lost or inaccessible.

Signature



Typed or printed name

**Robert Sheir, PhD.**

Date

**10/27/03**

Title (e.g., inventor(s), officer or assignee)

**President**

This collection of information is required by 37 CFR 1.178. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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